

*MediKan Mental Health: MediKan is the state funded health insurance program for persons on general assistance seeking federal disability determination who are not eligible for presumptive disability. The benefits for MediKan Mental Health are the same as those for Medicaid and the payment is made by mental health managed care just like it is for Medicaid recipients.*

- 1) Total Dollars Spent on Medical Services (not Medicaid) for the past three fiscal years.
- 2) How many consumers, or beneficiaries, do you have on average every month? Every year, for the past three fiscal years?

*Answer:*

<b>Data from Managed Care Organization by Date of Service*</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
Amount Paid	\$6,192,948	\$6,908,984	\$2,989,693
Total People Served	2,635	2,797	1,751
Average People Per Mo.	1,092	1,129	566
ESTIMATED Claims	Unknown	Unknown	Unknown

\* Based on payment data from the managed care organization through August 2010. FY 2010 data is not complete due to outstanding bills that have not yet been received.

- 3) Are medical service dollars spent equally throughout all populations or do they vary (i.e. with age or gender)?
  - a. If there is a variance, please give the average spent for each population for the past three fiscal years.

*Answer: MediKan is provided primarily to adults.*

- 4) What type of Medical Services are provided?
  - a. If multiple medical services are provided, please give the total dollars spent for each type of service for the past three fiscal years.

*Answer: Community mental health treatment – mental health therapy, medication management, mental health rehabilitation and support*

- 5) How do the providers of medical services bill for the services provided?
  - a. How are the providers of medical services paid for the services provided?

*Answer: Providers are paid fee for service through the mental health managed care organization.*

*Nursing Facilities for Mental Health: NF/MHs are categorized by CMS as IMDs (Institutions for Mental Disease). As such Kansas cannot claim federal Medicaid funds for services provided to persons 22 through 64 years of age. All of NF/MHs' claims are processed through the MMIS, including those paid with all state funds. What is included in this response is information about persons whose services are paid with state only funds.*

- 1) Total Dollars Spent on Medical Services (not Medicaid) for the past three fiscal years.
- 2) How many consumers, or beneficiaries, do you have on average every month? Every year, for the past three fiscal years?

*Answer:*

<b>Data from the MAR</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
Amount Paid	\$11,417,755	\$12,260,617	\$12,388,915

<i>Total People Served</i>	<i>687</i>	<i>599</i>	<i>625</i>
<i>Average People Per Mo.</i>	<i>443</i>	<i>460</i>	<i>474</i>
<i>ESTIMATED Claims</i>	<i>22,150</i>	<i>23,000</i>	<i>23,700</i>

- 3) Are medical service dollars spent equally throughout all populations or do they vary (i.e. with age or gender)?

- a. If there is a variance, please give the average spent for each population for the past three fiscal years.

*Answer: These are services provided to only persons from 22 through 64 years of age.*

- 4) What type of Medical Services are provided?

- a. If multiple medical services are provided, please give the total dollars spent for each type of service for the past three fiscal years.

*Answer: Residential care and treatment*

- 5) How do the providers of medical services bill for the services provided?

- a. How are the providers of medical services paid for the services provided?

*Answer: Providers are paid fee for service through the MMIS.*

*Community Mental Health Medication Program: Mental health contracts with a pharmacy benefit manager to provide payment for mental health medications, primarily atypical antipsychotic medications, for persons who do not have the means to pay.*

- 1) Total Dollars Spent on Medical Services (not Medicaid) for the past three fiscal years.  
2) How many consumers, or beneficiaries, do you have on average every month? Every year, for the past three fiscal years?

*Answer:*

	<i>FY 2008</i>	<i>FY 2009</i>	<i>FY 2010</i>
<i>Amount Budgeted</i>	<i>\$1,050,000</i>	<i>\$500,000</i>	<i>\$500,000</i>
<i>Average Number of Persons Served Per Month</i>	<i>221</i>	<i>129</i>	<i>83</i>

- 3) Are medical service dollars spent equally throughout all populations or do they vary (i.e. with age or gender)?

- a. If there is a variance, please give the average spent for each population for the past three fiscal years.

*Answer: These funds are available to persons of all ages, but they are spent primarily on services for adults*

- 4) What type of Medical Services are provided?

- a. If multiple medical services are provided, please give the total dollars spent for each type of service for the past three fiscal years.

*Answer: Purchasing mental health drugs, primarily atypical antipsychotics, for persons without the means to pay for them.*

- 5) How do the providers of medical services bill for the services provided?

- a. How are the providers of medical services paid for the services provided?

*Answer: The pharmacy benefit manager pays the claims that come through about 30 sources, primarily community mental health centers.*